

<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="font-size: 2em; font-weight: bold;">B</div> <div>CLAIMS ONLY</div> </div>							Application Number <div style="font-size: 1.5em; font-weight: bold;">161032478</div>		Filing Date 	
Applicant(s)										
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	✓									
2		✓								
3										
4										
5										
6										
7										
8										
9										
10										
11	✓	✓								
12	✓	✓								
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48										
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50										
Total Indep	4									
Total Depend	17	✓	✓	✓						
Total Claims	21									
51										
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